APPENDIX B

RESOURCES AND SAMPLE FORMS

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LOCAL HEALTH DEPARTMENTS

The Local Health Departments are a valuable resource for providers. They have on their staff: community health nurses, health educators, immunization staff, and environmental health inspectors that can all provide needed information and support for early childhood providers. The following is a list of local health departments:

D D H 11 D	G 1/G / D 11' Y 1/1 D
Bear River Health Department	Summit County Public Health Department
655 East 1300 North	85 North 50 East
Logan, Utah 84341	Coalville, Utah 84017
Phone: (435-)792-6500	Phone: (435) 336-3222
Fax: (801) 435-792-6600	Fax: (435) 336-3286
Central Utah Public Health Department	Tooele County Health Department
70 Westview Drive	151 North Main Street
Richfield, Utah 84701	Tooele, Utah 84074
Phone: (435) 896-5451	Phone: (435) 843-2300
Fax: (435) 896-4353	Fax: (435) 843-1892
Davis County Health Department	Tri-County Health Department
Courthouse Annex	147 East main Street
50 East State Street	Vernal, Utah 84078
Farmington, Utah 84025-0618	Phone: (435) 781-5475
Phone: (801) 451-3340	Fax: (435) 781-5475
Fax: (801) 451-3242	, ,
, ,	
Salt Lake Valley Health Department	Utah County Health Department
2001 South State Street, #S-2500	589 South State Street
Salt Lake City, Utah 84190-2150	Provo, Utah 84606
Phone: (801) 468-2700	Phone: (801) 370-8700
Fax: (801) 468-2718	Fax: (801) 370-8790
Southeastern Utah District Health	Wasatch County Health Department
Department	55 South 500 East
28 South 100 East	Heber, Utah 84032-2705
Price, Utah 84501	Phone: (801) 654-2700
Phone: (435) 637-3671	Fax: (801) 654-2705
Fax: (435) 637-1933	
Southwest Utah Public Health Department	Weber-Morgan Health Department
285 West Tabernacle	2570 Grant Ave.
St. George, Utah 84770	Ogden, Utah 84401
Phone: (435) 673-3528	Phone: (801) 399-8433
Fax: (435) 628-6713	Fax: (801) 399-8306

LOCAL CHILD CARE RESOURCE AND REFERRAL AGENCIES

Bridgerland Region

Box Elder, Cache, & Rich Counties
Utah State University
Dept. Family & Human Development
Logan, Utah 84322-6510

Phone: (435) 797-1552 Fax: (435) 797-3944 Toll free: 1-800-670-1552

Northern Region

Weber, Morgan & Davis Counties Weber State University 1301 University Circle Ogden, Utah 84408-1301

Phone: (801) 626-7837 Fax: (801) 626-7668 Toll free: 1-888-970-0101

Metro Region

Salt Lake & Tooele Counties Children's Service Society 124 South 400 East, #400 Salt Lake City, Utah 841114

Phone: (801) 537-1044 Fax: (801) 355-7453 Toll free: 1-800-839-7444

Mountainland Region

Utah, Wasatch, & Summit Counties Utah Valley State College 800 West University Parkway Orem, Utah 84058

Phone: (801) 863-8220 Fax: (801) 235-9546 Toll free: 1-800 952-8220

Western Region

Juab, Piute, Wayne, Millard, Sanpete, Sevier, Iron, Washington, Kane, Garfield, & Beaver Counties

Five County Association of Governments 906 North 1400 West St. George, Utah 84770

Phone: (435) 628-4843 Fax: (435) 893-8333 Toll free: 1-800 543-7527

Eastern Region

Daggett, Duchesne, Uintah, Carbon, Every, Grand, & San Juan Counties
College of Eastern Utah
421 East 400 North CBB120
Price, Utah 84501

Phone: (435) 637-4786 Fax: (435) 637-8548 Toll free: 1-888-637-4786

HOW TO CHOOSE ART SUPPLIES

Make sure that your art materials have this on the label, "non-toxic", which means the item will not cause acute (immediate) poisoning. Supervise children closely during art projects for mouthing of paintbrushes, fingers, crayons, or other objects and materials. Some children are attracted to fruit-scented markers and may try to eat them. For more information contact Art Hazards Information Center; 6 Beekman Street, New York, NY 10038 Phone: 212-227-6231. The following is a list of art materials to avoid and alternatives to use. ¹

AVOID	USE
Avoid powdered clay. It contains silica which is easily inhaled and harmful to the lungs.	Use wet clay that cannot be inhaled. If you make your own play dough, do not use excessive amounts of salt, it can be dangerous if large amounts are eaten
Avoid glazes, paints or finishes that contain lead	Use poster paints/water based products
Avoid paints that require solvents, such as turpentine, to clean brushes and materials	Use water-based paints, glues, etc.
Avoid commercial dyes or cold water dyes that contain chemical additives	Use natural dyes such as vegetables or onion skins
Avoid permanent makers that may contain toxic solvents	Use water-based markers
Avoid instant papier-mâché which may contain lead or asbestos	Use newspaper (printed with black ink only) and library paste or liquid starch
Avoid epoxy, instant glues, or other solvent-based glues	Use water-based white glue or library paste.
Avoid aerosol sprays	Use water-based materials/pumps sprays
Avoid powdered tempera paints	Use liquid tempera paint or any nontoxic paint.

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¹A.S. Kendrick, R.Kaufman, K.P., Messenger, *Healthy Young Children a Manual for Programs* 1995.

TOXIC PLANTS

The following plants are considered toxic (poisonous and perhaps dangerous).

These plants contain a variety of poisons. They may cause symptoms such as a mild stomach ache, skin rash, or swelling of the mouth and throat. Some may cause more serious problems of the heart, kidneys or other organs. The poison center can give you information on these or other plants that may not be on the list. Many plants are not poisonous unless eaten in large amounts.

Anemone Apricot-kernels Arrowhead
Azaleas Betel Nut Palm Bittersweet
Boston Ivy Buckeye Buttercups
Caladium Calla Lily Castor Bean

Crocus, Autumn Daffodil Daphne

Delphinium Devil's Ivy Dieffenbachia (Dumb Cane)

Elderberry Elephant's Ear English Ivy
Four O'Clock Foxglove Holly Berries
Horsetail Milkweed Hyacinth Hydrangea

Iris Jack-In-The-Pulpit Jequirity Bean

Jerusalem Cherry Jessamine (Jasmine) Jimson Weed (Thorn Apple)

Jonquil Lantana Camara (Red Sage) Larkspur
Lily-Of-The-Valley Lobelia Marijuana
Mayapple Mistletoe Moonseed
Monkshood Morning Glory Mushroom
Narcussus Nightshade Oleander

Periwinkle Peyote (Mescal) Philodendron

Poison Hemlock Poison Ivy Poppy (CA poppy excepted)

Pokeweed Potato-Sprouts Primrose

Ranunculus Rhododendron Rhubarb-Blade

Rosary Pea Star Of-Bethlehem Sweet Pea

Tobacco Tomato-Vines Trumpet Tree

Water Hemlock Wisteria Yew

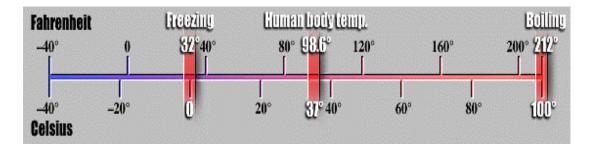
CONVERSION TABLES

Symbol	Known as	Multiply by	To find	Symbol
		LENGTH		•
in	inches	2.5	centimeters	cm
ft	feet	30	centimeters	cm
yd	yards	0.9	meters	m
mi	miles	1.6	kilometers	km
		MASS (weight)		
OZ	ounces	28	grams	g
lb	pounds	0.45	kilograms	kg
		VOLUME		
tsp	teaspoons	5	milliliters	mL
Tbsp	tablespoons	15	milliliters	mL
fl oz	fluid ounces	30	milliliters	mL
С	cups	0.24	liters	L
pt	pints	0.47	liters	L
qt	quarts	0.95	liters	L
gal	gallons	3.8	liters	L

CONVERTING FAHRENHEIT TO CELSIUS

To convert °F to °C (Farenheit to Celsius) subtract 32, multiply by 5 and then divide by 9.

To convert °C to °F (Celsius to Farenheit) multiply by 9, divide by 5 and then add 32.



Food Storage Chart

This chart has information about keeping foods safely in the refrigerator or freezer. It does not include foods that can be stored safely in the cupboard or on the shelves where quality may be more of an issue than safety².

Food Eggs		In Refrigerator	In Freezer
Lggs	Fresh in shell Raw yolks, whites Hard cooked Liquid pasteurized eggs or egg substitute opened Unopened	3 weeks 2-4 days 1 week 3 days	Don't freeze 1 year Don't freeze Don't freeze
Mayonna		To days	1 9 0 01
Mayonna	Commercial, refrigerate after opening	2 months	Don't freeze
TV Dinne	ers, Frozen Casseroles Commercial, refrigerate after opening	3-4 months	Expiration date
Deli and	Vacuum-Packed Products Store-prepared or homemade egg, chicken, tuna, ham, macaroni salads	3-4 days	Don't freeze
	Pre-stuffed pork and lamb chops, stuffed chicken breasts	1 day	Don't freeze
	Store-cooked convenience meals	1-2 days	Don't freeze
	Commercial brand vacuum-packed dinners with USDA seal	2 weeks, unopened	Don't freeze
Hamburg	er, Ground, and Stew Meats		
	Hamburger and stew meats	1-2 days	3-4 months
	Ground turkey, chicken, veal, pork, lamb and mixtures of these	1-2 days	3-4 months
Hot-dogs	and Lunch Meats Hot dogs, opened package unopened	1 week 2 weeks	Expiration date 1-2 months
	Lunch meats, opened unopened	3-5 days 2 weeks	1-2 months
	Deli sliced ham, turkey, lunch meats	2-3 days	1-2 months

² Graves, DE Suitor CW, Holt KA,eds. *Making Food Healthy and Safe for Children: How to Meet the National Health and Safety Standards-Guidelines for Out-of-Home Child Care Programs.* National Center for Education in Maternal and Child Health, Arlington, VA: 1997.

Bacon and	Sausage
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Ducon a	na saasage		
	Bacon	1 week	1 month
	Sausage, raw from pork, beef or turkey	1-2 days	1-2 months
	Smoked breakfast links or patties	1 week	1-2 months
	Hard sausage, pepperoni, jerky	2-3 weeks	1-2 months
Ham			
	Canned, unopened, label says keep refrigerated	6-9 months	Don't freeze
	Fully cooked, whole	7 days	1-2 months
	Fully cooked, half	3-5 days	1-2 months
	Fully cooked slices	3-4 days	1-2 months
Fresh M	leat		
	Steaks, beef	3-5 days	6-12 months
	Chops, pork	3-5 days	4-6 months
	Chops, lamb	3-5 days	6-9 months
	Roasts, beef	3-5 days	6-12 months
	Roasts, lamb	3-5 days	6-9 months
	Roasts, pork and veal	3-5 days	4-6 months
Fresh Po	oultry		
	Chicken or turkey, whole	1-2 days	1 year
	Chicken or turkey pieces	1-2 days	9 months
	Giblets	1-2 days	3-4 months
Fresh Se	eafood		
	Fish and shellfish	2 days	2-4 months

HEALTH RISKS FOR CHILD CARE PROVIDERS

Body Mechanics

Working with small children can increase your risk of back strain or other injury. The following steps will help prevent injury:

- Use proper lifting technique when lifting children into or out of cribs, high chairs, swings, etc. Keep the child as close to your body as possible, lift with your legs, avoid twisting or jerking motions and use a wide base of support by placing your feet shoulder width apart.
- Squat or sit on a low stool when working at low tables or counters.
- Do not lean back when reaching for toys or supplies from high shelves.
- Eliminate lifting when ever possible. Use a step stool to help older children reach diapering tables.
- Maintain flexibility by performing daily stretches children can participate.

Prevention of Illness and Stress in Pregnancy

Exposure to certain illnesses commonly found in child care settings may require special consideration for you if you are pregnant. If you are working in a child care setting and pregnancy is possible, you should consult your physician. Your immunity to some of the illnesses can be tested. Vaccinations are available in some cases. If no vaccination is available and you know you are not immune to particular illnesses you might be exposed to, your physician will be able to tell you what precautions are needed to protect you and your baby. Staff who may become pregnant in the future should take preventive steps now to reduce future risks.

Resources on health risks in child care settings

Utah Department of Health, Health and Safety Handbook For Early Childhood Providers, 1998.

NAEYC, Healthy Young Children, 1991

APHA, AAP and the US Maternal and Child Health Bureau, Caring For Our Children: National Health and Safety Performance Standards, 1992

USEFUL WEBSITES

The ABCs of Safe and Healthy Childcare	http://www.cdc.gov/ncidod/hip/abc/abc.htm
American Academy of Pediatrics	http://www.aap.org
American Public Human Services Association	http://www.aphsa.org
Center for the Child Care Workforce	http://www.ccw.org
Child Care Aware	http://www.naccra.netchildcareware/index.htm
Child Care Bureau	http://www.acf.dhhs.gov/program.ccb
Children's Defense Fund	
Child Care Health Program http	
Consumer Product Safety Commission	
Colorado Office of Resource and Referral, Inc _	http://www.corra.org
Community Health Status Indicators	http://www.communityhealth.hrsa.gov
Department of Education	http://www.ed.gov
Department of Health and Human Services	http://www.os.dhhs.gov
Electronic Policy Network	http://www.epn.org
Families and Work Institute	
Healthy Child Care Colorado http://www.cdphe.	state.co.us/ps/pp/earlychild/hcc/healthyhom.asp
Healthy Child	http://www.healthychild.net
Indian Health Services	http://www.his.gov
Military Child Development Program	http://www.dticaw.dtic.mil/milchild
National Association for Family Child Care	http://www.nafcc.org
National Association for the Education of Young	Childrenhttp://www.naeyc.org
National Association of Child Care Resource and	Referral Agencies http://www.naccrra.net
National Black Child Development Institute	http://www.nbcdi.org
National Center for Children in Poverty	http://www.cpmcnet.columbia.edu/dept/nccp
National Child Care Association	http://www.nccanet.org
National Child Care Information Center	http://www.nccic.org
National Clearinghouse on Child Abuse and Negl	ecthttp://www.calib.com/nccanch
National Conference of State Legislatures	http://www.ncsl.org
National Head Start Association	http://www.nhsa.org
National Resource Center for Health and Safety in	n Child Care http://nrc.urchsc.edu
National School Age Care Alliance	http://www.nsaca.org
Safe Kids	http://www.safekids.org
The Children's Hospital	http://www.tchden.org
Zero to Three	http://www.zerotothree.org

Active Play Areas Safety Checklist

Surfacing		
Yes □	No □	Measure the critical height (the highest point that a child can climb with or without a guardrail). For swings, critical height is measured from the pivot point to the ground.
		Surfaces underneath indoor and outdoor play equipment are covered with impact absorbing material according to the CPSC recommendations for critical height.
		The following surfacing materials are <u>not</u> used underneath indoor and outdoor play equipment that children can climb: concrete, asphalt, soil or hard-packed dirt, grass, turf, linoleum, or carpeting.
		The dirt in the play area has been tested and found free of toxic materials, including lead.
		There are no toys, or objects (including surfacing material) with a diameter of less than 1 1/4" accessible to children who are still placing objects into their mouths.
Fall Zones		
Yes	No □	Fall zones (the areas onto which a child falling from or exiting from a piece of play equipment would be expected to land) do not overlap.
		Impact-absorbing surfacing material extends at least 6 feet beyond all sides of the equipment.
		For to-and-fro swings, the impact-absorbing surfacing materials extend in from and in back of the swings a distance that measures twice the height of the swing beam.
		For slides: the impact-absorbing surfacing material extends at least 6 feet from the end of the slide.
Protrusion & E	Entangler	nent
Yes □	No	
_		All metal edges are rolled.
		There are no equipment pieces that could catch clothing. There are not strings or loose items of children's clothing or around children's necks that could get caught on play equipment.
		Any exposed bolts do not protrude more than two threads beyond the fact of the nut; exposed bolts have no burrs or sharp edges.
		There are no open "S" hooks.

Entrapment Yes □	No	There are no openings in any pieces of active play equipment between 3 1/2" and 9 inches that could cause head entrapment.
Equipment Spa Yes	acing No	There are at least 6 feet of use areas on all sides of each piece of equipment
Ш	Ш	There are at least 6 feet of use space on all sides of each piece of equipment.
		Play equipment pieces are spaced at least 12 feet apart from each other. (each has its own 6 foot use space)
		Traffic patterns are designed to prevent children from bumping into each other.
Trip Hazards Yes □	No □	All anchoring devices, such as footing and bars at the bottom of climbers are below the playing surface.
		There are no exposed tree roots/plant roots.
		Changes in elevation are made obvious by the use of brightly colored visual or other barriers.
Appropriate A		& Equipment
Yes □	No □	Age-specific play areas are separated by distance or physical barrier.
		Equipment is warranted by the manufacturer as suitable for the age of the users (2-5 years and 5-12 years) according to ASTM Standard F1487-95.
Pinch Crush, &		ng Points
Yes □	No	All spaces are too big or too small to entrap a child's finger.
		All wooden parts are smooth and without splinters.
		All corners are rounded, especially at exit ends and sides along a slide bed.
		Exposed ends of tubing have caps that cannot be removed without tools.

		, and Safety Barriers
Yes □	No □	Guardrails or protective barriers are used to prevent inadvertent or unintentional falls off elevated platforms.
		For preschool children, elevated surfaces more than 20 inches high have a guardrail or protective barrier; those more than 30 inches high have a protective barrier (an enclosing device that is intended to prevent both inadvertent and deliberate attempts to pass through the barrier).
		For school age children: elevated surfaces more than 30 inches high have a guardrail or protective barrier; those more than 48 inches high have a protective barrier.
		Handrails are child hand-hold size, and are at waist to shoulder height of the child users (22" - 38").
		Boundaries such as painted lines or dividers separate play equipment from walking areas.
		Bike or trikes riding areas are separate from other areas.
		Playgrounds are fenced in.
Unsafe Equ Yes □	nipment No □	There are no heavy swings or swings made out of wood, metal, or other rigid materials.
		There are no animal figure swings.
		There are no multiple-use occupancy swings (swings used by more than one child at a time other than tire swings.
		There are no swing sets with more than 2 swings per bay.
		There are no rope swings; all ropes are anchored at both ends.
		There are no trapeze bars.
		Any see-saws present have a spring centering device for children 2-5 years of age. If see-saws are used, there must be a shock absorbing material required to cushion seat exceed 5 feet impact on surface and the maximum height of the seat above the protective surfacing must not.
		There are no trampolines.

Maintenance	No	
Yes	No □	Daily checks include: broken glass, animal waste, trash, toxic plants or plant debris, damage by vandals, displaced surfacing, broken equipment, chipping point, puddles of water, insect hazards, need for lubrication of moving parts.
		All hardware fasteners, permanent coverings, or connecting devices are tight and cannot be removed without tools.
		All surfaces are intact.
		All structures are sturdy enough that they will not move or tip over when the weight of an adult is put against them.
		There is no peeling paint (lead in peeling paint on play equipment is a common hazard).
		All ropes are tight and strands cannot be pulled apart.
Supervision		
Yes	No □	All areas where children play are in view of an adult at all times.
		Every child is accounted for at all times by a supervising adult. Some method of assuring that no child is hidden or missing from the group must be used.
		When children must leave the play area to use the toilet, to get first-aid, or for any other reason, supervision of the child who leaves and the children who remain in the play area is secure and consistent.
		Children are prevented from playing in a way that challenges them beyond their abilities or that puts others at risk of significant injury.
Slides		
Yes	No □	The impact-absorbing surfacing material extends at least 6 feet from the end of the slide chute or a distance that equals the height of the slide platform + 4 feet, whichever is greater (It is not necessary for surfacing to exceed 14 feet).
		Slides are not taller than 6 1/2 feet and have side rims at least 4 inches high.
		Slides have an enclosed platform at the top for children to get into position to slide.
		Slide ladders have flat steps and a handrail of each side. For users 2-12 years of age, steps are ≤ 9 inches apart. Rungs are ≤ 12 inches apart. (If steps are ≤ 9 inches apart, there is risk of entrapment).
		Slide beds have a flat surface at the bottom to slow children down and are sloped at no greater than a 30 degree angle overall.

		Slides with metal beds are shaded to prevent overheating.
Sand		
Yes □	No □	Sand digging areas are in the shade.
		Sand digging areas are contained by smooth frames.
		Sand is covered when not in use to prevent infectious disease and injury risk when animals and insects get into it.
Swings Yes	No □	Swings are located away from other equipment and activities.
		Swing footings are stable and buried below the ground or covered by protective surfacing.
		There is no corrosion evident on hooks or chains.
		There are no "A" frames with horizontal cross bars present.
		Tot swings are in a separate bay from the other swings.
		Swing hangers are spaced wider than the seats, not less than 20 inches.
		There is a minimum space of 24 inches between seats and up to 30 inches between the swing and supporting structure.
		The distance between the bottom of the seat and the protective surfacing is at least 12 inches.
Multi-Axis T Yes	Fire Swings No	s
		Tire swings do not share a bay with any other type of swing or are mounted on any structure with other play components.
		There are no exposed steel belts in steel-belted radial tire swings.
		There are drain holes in tire swing tires.
		The clearance between tire and support structure is 30 inches.
		The tire swing itself weighs less than 35 pounds.

Climbers			
Yes □	No □	Children can safely climb off if they do not wish to complete the activity.	
		There is no places where children can fall more than 18 inches onto any component of the climber.	
		Connections between ropes, cables, or chains are securely fixed.	
		There are no arch climbers or sliding poles accessible to preschoolers.	
		Horizontal ladders and overhead rings are used only by children who are over 5 years of age. Chinning bars may be used by 4 year olds.	

Food Safety Checklist³

Shoppi □	Check the expiration date on all packaged foods.
	Do not buy any food in damaged wrappers, dented cans, or broken packages.
	Make sure that frozen foods are frozen solid before buying them. (Check to see it outside of package is discolored).
	Buy only pasteurized fruit juices.
Storing	g Raw Perishable Foods Store foods that may easily spoil in the refrigerator or freezer immediately.
	Place raw meat, poultry, or seafood below ready-to-eat foods in the refrigerator so that the juices don't drip on ready-to-eat foods.
	Keep a working thermometer in both the refrigerator and the freezer.
	Check each day to make sure the refrigerator thermometer is at $40^{\circ}F$ and the freezer thermometer is at 0° F.
Handw □	Washing Wash hand thoroughly with warm, soapy water before beginning to cook.
Cookin	Plan ahead to thaw frozen meats in the refrigerator, in a cold running water bath, or as a part of cooking process. Not on the counter.
	Use a meat thermometer to be sure meats are thoroughly cooked.
	Inspect packaged foods carefully to make sure the can or wrapper was not damaged.
	Wash fresh vegetables and fruits with water before serving or cooking.
	Cook everything thoroughly, especially meat, poultry, seafood, and eggs.
Serving	Keep hot foods hot (140° F or above) and cold foods cold (40°F or below) until they are served.
	Check the temperature of foods using a thermometer.
	Cut foods to the right size for the children.
	Spread peanut butter thinly.
	Take the seeds out of fruit and the bones out of fish

³ Graves, DE Suitor CW, Holt KA,eds. *Making Food Healthy and Safe for Children: How to Meet the National Health and Safety Standards-Guidelines for Out-of-Home Child Care Programs*. National Center for Education in Maternal and Child Health, Arlington, VA: 1997.

Indoor Safety Checklist⁴

General Indoo	r Areas	
Yes □	No □	Floors are smooth and have nonskid surfaces. Rugs are skid proof.
		Doors to places that children can enter, such as a bathroom, can be easily opened from the outside by a child or by an adult.
		Doors in children's areas have see-through panes so children are visible to anyone opening the door, if possible.
		Doors have slow closing devices and /or rubber gaskets on the edges to prevent pinch injuries.
		Glass doors and full length windows have decals at eye level for children and adults.
		Windows cannot be opened more than 6" from the bottom.
		All windows have closed, permanent screens.
		Bottom windows are lockable.
		Walls and ceilings have no peeling paint and no cracked or falling plaster.
		The early childhood program is free of toxic or lead paint and crumbling asbestos.
		Safety covers are on all electrical outlets.
		Electrical cords are out of children's reach. Electrical cords are placed away from doorways and traffic paths.
		Covers and guards for fans have openings small enough to keep children's fingers out. They are placed high out of reach or mounted on walls.
		Nobody smokes or has lighted cigarettes, matches, or lighters around children.
		Freestanding space heaters are not used.
		Pipes, radiators, fireplaces, wood burning stoves, and other hot surfaces cannot be reached by children or are covered to prevent burns.
		Water heater is set between 110°F and 120°F.
		Trash is covered at all times and is stored away from heaters or other heat sources.

⁴ Kendrick, A.S., Kaufmann, R. Messenger, K. *Healthy Young Children, A Manual for Programs* (1995) National Association for the Education of Young Children; Washington D.C.

Drawers are closed to prevent tripping or bumps.
Sharp furniture edges are cushioned with cotton and masking tape or with commercial corner guards.
Emergency lighting equipment works.
Regular lighting is bright enough for good visibility.
Enough staff members are always present to exit with children safely and quickly in an emergency.
All adults can view all areas used by children.
Pets are free from disease, are immunized as appropriate, and are maintained in a sanitary manner.
Poisonous plants are not present either indoors or outdoors in early childhood programs.
All adult handbags are stored out of children's reach.
Pesticides are applied only to surfaces that children cannot reach and surfaces not in direct contact with food.
A certified pest control operator applies pesticides while observed by a caregiver.
Cots or mats are placed so that there is clear pathway for emergencies.
Children are never left alone in infant seats on tables or high surfaces.
Teaching aids, like projectors, are put away when not in use.
A well-stocked first-aid kit is accessible to all caregivers.
Heavy equipment or furniture that could tip over is anchored.

Toys and Equip		
Yes □	No □	Guns, projectile toys, darts, and cap pistols are not kept in the program.
		Toys and play equipment have no sharp edges or points, small parts, pinch points, chipped paint, splinters, or loose nuts or bolts.
		All toys are painted with lead free paint.
		Toys that are mouthed are washed and sanitized between users.
		Children are not permitted to play with any type of plastic bag or balloons.
		Toys are too large to fit completely into a child's mouth and have no small, detachable parts to cause choking. No coins, safety pins, or marbles for children under 4 years of age.
		Infants and toddlers are not permitted to eat small objects and foods that may easily cause choking like: hot-dogs, hard candy, seeds, nuts, popcorn, whole grapes and olives.
		Toy chests have air holes and a lid support or no lid. A lid that can slam shut can cause head injuries or suffocation.
		Commercial art materials are stored in their original containers out of children's reach. The word non-toxic appears on the manufacturer's label.
		Rugs, pillows, blankets, and cloth toys are flame resistant.
		Hinges and joints are covered to prevent pinching or being caught.
		Cribs, playpens, and high chairs are away from drapery cords and electrical cords.
		Cribs, playpens, and high chairs are used properly and according to the manufacturer's recommendations for age and weight. Cribs have no corner posts.
		Cribs slats placed 2 3/8" or less and have snug-fitting mattresses. Mattresses are set at their lowest settings and sides are locked at their highest settings.
		Toys are not hung across the cribs of infants who can sit up.
		Rattles, pacifiers, or other objects are never hung around an infant's neck.
П	П	Infant walkers are not used

Hallways and	d stairs	
Yes □	No □	Handrails are securely mounted at child height.
		Handrails are attached to walls for right-hand descent, but preferable are attached to the walls on both sides.
		Stairway gates are locked in place when infants or toddlers are nearby. Gates should have openings small enough to prevent a child from fitting through. No accordion-type gates are used.
		Doorways to unsupervised or unsafe areas are closed and locked unless the doors are used for emergency exits.
		Emergency exit doors have easy-open latches.
		Safety glass is used in all areas of potential impact i.e. Windows that come within 36" of the floor and sliding glass doors.
		Caregivers can easily monitor all entrances and exits to keep out strangers.
		Stairways and hallways are clear of objects that can cause falls.
Kitchen and	food prop	paration and storage areas
Yes	No	aration and storage areas
		Caregivers always wash hands before handling food.
		Caregivers always wash children's hands before mealtimes.
		Trash is always stored away from food preparation and storage areas.
		Refrigerator temperature is monitored by thermometer and is kept at or below 40°F.
		All perishable foods are stored in covered containers at 40°F.
		Hot foots are kept at 140°F. or higher until ready to be eaten. (Remember to cool food so it will not accidentally burn and child when eaten.)
		Pest strips are not used.
		Cleansers and other poisonous products are stored in their original containers, away from food, and out of children's reach.
		Nonperishable food is stored in labeled, insect-resistant metal or plastic containers with tight lids.
		Five-gallon buckets are not accessible to children.
		Refrigerated medicines are kept in closed containers to prevent spills that would contaminate food.

		Food preparation surfaces are clean and are free of cracks and chips.
		Eating utensils and dishes are clean and are free of cracks and chips.
		Appliances and sharp or hazardous cooking utensils are stored out of children's reach.
		Pot handles are always turned toward the back of the stove.
		An ABC-type fire extinguisher is securely mounted on the wall near the stove.
		All caregivers know how to use the fire extinguisher correctly.
		There is a "danger zone" in front of the stove where the children are not allowed to go.
		A sanitarian has inspected food preparation and service equipment and procedures within the past year or as required.
		Children are taught the meaning of "hot".
		Trash is stored away from the furnace, stove, and hot water heater.
		Kitchen area is not accessible to children without constant supervision.
		Caregivers do not cook while holding a child.
		Hot foods and liquids are kept out of children's reach.
		Stable step stools are used to reach high places.
Bathrooms Yes □	No □	Stable steps are available where needed.
		Electrical outlets have safety covers or are modified to prevent shock.
		Electrical equipment is stored away from water.
		Cleaning products and disinfectants are locked in a cabinet out of children's reach.
		Toilet paper is located where children can reach it without getting up from the toilet.
		If potty-chairs are used, they are easy to clean with the bleach solution in a utility sink used only for that purpose, if at all possible.
		Potty chairs are not used in food preparation or dining areas, and potty chairs cannot be reached by children when not in use.

Ш	Ш	There are enough toilets so children do not have to stand in line.
		Caregivers and children always wash hands after toileting and diaper changing.
		The changing of diapers or soiled underwear is done in a special, separate area away from food and play.
		The diapering or changing table has rails to keep children from falling off.
		Trash cans for diapers, tissues, and other contaminated materials can be opened with a step pedal and are lined with a plastic bag, emptied daily, and kept clean.
		Paper towels and liquid soap are readily available at the sink.
		Cosmetics are stored out of children's reach.
		Bathtubs have skid-proof mats or stickers.
		Children take baths only when adults can supervise.
		Children are never left unsupervised in or near any water.
Swimming Po Yes □	ools No □	All pools and ponds are enclosed with four-sided fencing that is resistant to climbing, is at least 5' high, comes within 3 1/2" of the ground, and has openings no greater than 3 1/2".
		Fence openings have self-closing latching gates with the latch at least 55" from the ground.
		Walk areas around the pool have a nonskid surface.
		The pool and pool maintenance have been inspected and approved by the local health department within the past year.
		Small, portable wading pools are not used for group water play.
		Equipment is available and used every 2 hours while children are in the water to test and maintain the pH of water between 7.2 and 8.2.
		Water temperatures are maintained between 82°F. and 93° F. while the pool is in use.

Emergency	preparedne	SS .
Yes □	No □	All caregivers have roles and responsibilities in case of fires, injury or other disasters.
		One or more caregivers certified in infant and child first-aid, and child and infant CPR are always present.
		All first-aid kits have required supplies and stored where caregivers can easily reach them in an emergency.
		Caregivers always take a first-aid kit on trips and in vehicles.
		Smoke detectors and other alarms work and are tested monthly.
		Each room and hallway has a fire escape route posted during business hours.
		 Emergency procedures include the following: How to telephone emergency medical services (EMS) system. Transportation to an emergency facility Notification of parents Where to meet if the early childhood setting is evacuated. Plans for an adult to care for the children while a caregiver stays with injured children. to emergency medical care. Alternate location for care is known to staff and parents and is stocked with essential supplies (formula, diapers, toys, first-aid supplies).
		Emergency procedure and telephone numbers are clearly posted near each phone.
		Children's emergency telephone numbers are posted near the telephone and can be easily taken along in case of an emergency evacuation.
		All exits are clearly marked and free of clutter.
		Doors and gates all open out for easy exit.
		Children are taught to tell if they or anyone else is hurt.
		Children are taught the words "stop" and "no". Caregivers avoid using those words unless there is danger.
		Children are taught their own telephone number, address, and parent's work numbers when developmentally capable.
		Children are taught how to telephone EMS (911) when capable.
		Children are taught how to Stop, Drop, Roll, and Cool in case their clothes catch fire.

Children are taught to turn in any matches they find to adults.

Vehicles Yes □	No □	All vahialas vaada vall and are proporty maintained
Ц	Ш	All vehicles work well and are properly maintained.
		Everyone, during every ride, uses age-appropriate safety restraints.
		Staff helps children to unbuckle and buckle up at drop-off and pick-up.
		Drivers use child-resistant door locks when the vehicle is in motion.
		All vehicles are locked when not in use.
		A well stocked first-aid kit is in the vehicle for every ride.
		The caregiver has on hand current emergency contact information when driving children.
		Trip plans include how to handle emergencies.
		Children wear program identification when transported.
		Pickup and drop-off points are safe from traffic.
		The manufacturer installs infant seats correctly, with seats facing the rear of the car, in the back seat, until the child exceeds the weight recommended for facing the rear.
		Driver knows where all children are before putting vehicle in reverse.
		Young bikers know traffic rules.
		Children do not horse around while riding bikes and do not ride in the street.
		Bicycles and other riding toys are stable, well balanced and of the appropriate size. They do not have broken parts.
		Children use helmets approved by ANSI (American National Standards Institute) or Snell Memorial Foundation, when riding bicycles and other pedal powered riding toys.
		Young children never cross the street without an adult. Children should know rules for crossing the street.

SAMPLE CHILD CARE AGREEMENT

I,	, the legal guardian of
agree to th	ne following: (Initial all that apply)
	Pay fee per day/week of
	Volunteer to work hours a week with the program.
	Follow the procedures in the program handbook.
	Obtain a Special Care Plan if applicable.
	Day payment to be made is
	Services to be provided as part of the child care fee (transportation, meals, etc.) are:
	Child's arrival time Child's departure time
	Late fee \$
	Obtain health assessments for my child according to the schedule recommended by the American Academy of Pediatrics.
	Notify when my child is scheduled for routine health visits, and obtain a form to complete and return.
	Cooperate with in the follow up of any medical, dental or developmental needs of my child.
	Complete a daily admission form and have my child observed by a member of the staff before I leave each day.
	Notify the teacher in advance if I plan a birthday celebration for my child. (specify time)
	Notify the staff when my child is ill or any family member has a contagious disease.
	Complete a medication consent form when requesting medication administration.
	Provide the program staff with necessary for my child's care.
	Provide information on how to contact me in an emergency situation which I will update when changes occur and every 6 months.
-	Agree to discuss my concerns with (staff member's name)
	Notify a teacher and sign my child in and out every time my child arrives and departs with me or a person I authorize.
	Designated persons to whom child may be released are:

SAMPLE CHILD CARE EMERGENCY CONTACT INFORMATION AND CONSENT FORM

Child's Name:	Birthdate:
Legal Guardian #1 Name:	
Telephone Numbers: Home:	Work:
Legal Guardian #2 Name:	
Telephone Numbers: Home:	Work:
Emergency Contacts (to whom child may	be released if legal guardian is unavailable)
Name#1:	
Telephone Numbers: Home:	Work:
Name#2:	
	Work:
Child's Usual Source of Medical Care	
Name:	
Address:	
Telephone Number:	
Child's Health Insurance	
Name of Insurance Plan	ID#
Subscriber's Name (on insurance card	
Special Conditions, Disabilities, Allergies	s, or Medical Information for Emergency Situations
Transport Arrangement in an Emergenc	ey Situation
	Child will be taken to:
(Parents/guardians are responsible for all en	mergency transportation charges)
Parent/Legal Guardian Consent and Agr	reement for Emergencies
necessary, be transported to receive emerge all charges not covered by insurance. I giv	have my child receive first aid by facility staff, and, if ency care. I understand that I will be responsible for e consent for the emergency contact person listed able. I agree to review and update this information by 6 months.
Date: Parent/Legal Guardia	n #1 Signature:
Date: Parent/Legal Guardia	n #2 Signature:

SAMPLE EMERGENCY TELEPHONE LIST



Fire Department:
Police Department:
Local Hospital:
Ambulance Service:
Poison Control:
PROVIDER LOCATION
Your location address:
Directions to your location:
Your location telephone number:
Cellular telephone number:

SAMPLE EMERGENCY PLAN

The following includes information and guidelines helpful in preparing for disasters. Remember, if a major disaster impacts the entire community, 911 services may not be available. Parents may not be able to reach you, or if they work for fire, police, hospitals, etc., they may be required to stay at their job. You must be prepared to care for children until authorized adults are able to pick the children up.

This plan is written to help you prepare for an emergency. Make sure that staff, teachers, volunteers, substitute teachers and secondary caregivers know what to do in an emergency. It is a good idea to have employees sign a statement saying they have read and understand your emergency policies and procedures.

General Information

- 1. Remember to stay calm. If adults act frightened or alarmed, the children will imitate those responses.
- 2. Plot a plan. Draw a diagram showing your home or facilities evacuation route and where to meet outside. Plan and diagram a secondary exit route. Post the plan where it can easily be observed.

3.	Describe primary and secondary exit routes:				
4.	If you need to evacuate because of fire, where will you meet?				

5. In case of a community-wide disaster, where will you go? Are parents aware of this location?

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6.	Is there someone who can assist in an emergency? Name and phone number:
7.	Licensing requires emergency telephone numbers to be posted by each telephone. Make the numbers easy to read.
8.	Have emergency contact phone numbers for each child enrolled.
9.	Keep emergency medical treatment releases for each child and inform all staff members where this information is located.
10.	Where will you keep emergency contact phone numbers and emergency medical treatment releases for the children? How will you take them with you when you evacuate?
11.	Keep emergency supplies stocked and easily accessible. Store emergency items where they can be easily taken during an evacuation. Store the items together in a backpack or a plastic storage container.
Sho	ort term emergency supplies are stored: (where)
Sho	ort term emergency supplies should include:
	• Water, food and can opener
	• Enough snacks and drinks to last one day
	• Toys, puzzles etc. to entertain and comfort children
	• Pre-moistened towelettes (baby wipes)
	• Extra clothing for children and diapers for infants
	• First aid kit and bodily fluids clean up kit
Dis	saster emergency supplies are stored: (where)

Disaster emergency supplies should include:

- Water and food for 24-72 hours. Paper cups, plates, plastic silverware and utensils and ziplock baggies
- Battery operated radio with extra batteries taped to the outside
- Battery operated lantern with extra batteries taped to the outside
- Plastic bucket with tight fitting lid and plastic bags with ties (for emergency toileting use.
- Disinfectant and soap
- Sleeping bags, blankets or emergency blankets
- Tent, tarps or other forms of shelter
- Flashlight with extra batteries taped to the outside

What else will you take with you when you evacuate?

Note: Many cordless phones will not work without electricity. If you have a cordless phone, keep a backup battery. Keep backup batteries for cellular phones and a cord that can recharge cellular phones by plugging into the cigarette lighter of a car.

Earthquakes

- 1. Earthquake-proof your home or center by:
 - Fasten shelf unit, bookcases and heavy objects to the wall.
 - Install strong latches on cupboards.
 - Avoid hanging heavy pictures above beds or sleeping areas.
 - Fasten the water heater to a secure wall.
 - Tape a shut off wrench to the gas valve for emergency shut off.
- 2. Choose a safe spot to gather:
 - When outside, avoid power lines, walls, trees and the house or center.
 - When indoors, avoid windows, objects that call tip or fall or tall furniture such as bookcases.

- Look for heavy objects, such as tables, to climb under.
- Hold on to the table to keep if from sliding away from you.
- If you cannot get under something, crouch in a door frame or against an inside wall.
- Turn your back to any windows.
- Protect your eyes by covering them with your arms.
- 3. During an earthquake, my "duck, cover and hold on" site is:
- 4. Teach children to stay in the "duck and cover" site until the shaking stops. Practice this drill at least twice a year.
- 5. If driving, pull to the side of the road and stop. If roads are damaged, wait for instructions from emergency crews.

After the shaking stops:

- Check children for injuries. Seriously injured children should not be moved.
- Administer first aid as needed.
- Check your home or center for damage.
- If you smell gas, turn off the main valve. Do not turn it off if there is no leak.
- Electrical switches can not be used if you smell gas they may cause an explosion.
- If electrical wires are damaged, turn off the electrical power to the house or center.

The main gas valve is located: ((where)	

The main electrical power switch to the house or center is located: (where)

- If electricity is off, use the food in the refrigerator and freezer first.
- If the house or center is badly damaged, move outside into the evacuation site. Inform parents where this site is located.

•]	Turn off the main water valve if damaged.		
• The mai	in water valve and tools are: (where)		
Fire			
• 5	Sound the alarm.		
• (Grab the emergency number file and car keys on t	he way out, if possibl	e.
• I	Remove children from the house or center using the	he evacuation plan.	
• I	Report the fire using(ne	eighbor's phone, cell]	phone).
• I	Follow the instructions of emergency personnel.		
	Use the emergency file (original or backup located parents.	d in) to contact
Note: I	If you care for infants and very young children, ha	ve the older children	hold the hand of a
younger	r child using the buddy system. Try a few approach	ches until you find the	e one that works
best for	you. Whatever plan you choose to use, you must	be able to have every	one evacuated
within 2	2 minutes. Make sure all staff know their assignm	ents.	
Childrer	en and infants are to be evacuated by: (How)		

Flooding

- Remain in the house if it is safe.
- If you have had prior warning, take action quickly. Have parents pick their children up before flooding occurs and advise them to take their children to safety before water rises.
- If water is rising and you have a second floor, move the children upstairs.
- If ordered to evacuate, wait for official assistance. Do not attempt to drive through swollen streams or rising water.

Lightening

- Go inside, if possible.
- If trapped outside, get to the lowest point possible, such as ditches or hollows.

- If there are no low spots, stay away from anything tall trees, buildings, poles, etc. Have children drop to the ground.
- If a child is hit by lightening, call for help and administer first aid or CPR if necessary.

Power Outage

- Use flashlights and lanterns, if necessary.
- Contact the power company to determine how soon power will be restored.
- If there is a chance there will be prolonged power outage and the home or center may become very hot or cold, have parents pick up their children.

Blizzard

- Remain inside.
- Contact parents to pick up children if weather reports predict prolonged blizzard conditions.
- Use emergency supplies as needed, and restock your supplies as soon as the crisis is over.

Fire Drills

- Conduct fire drills monthly. Frequent practice makes actions routine and reduces fear and confusion in the event of a real fire
- Set off the smoke and/or fire alarms so children are familiar with the sound.
- Conduct drills at different times of the day.
- Follow the evacuation plan.
- Document the drill and follow up on any identified areas of improvement.

Disaster Drills

- Contact your local emergency preparedness agency often the fire department.
- Ask which disaster is most likely to affect your area.
- Conduct a minimum of two drills a year if you are a family provider, or quarterly if you are a center.
- Document the drill, and follow up on any identified areas of improvement.

For More Information

Contact your local Fire Department or Emergency Preparedness Office for details on how to prepare for any kind of disaster. They will also be able to tell you about emergency plans for your area.

Other Disaster Preparedness Resources

American Red Cross at www.redcorss.org or check your local Red Cross office. The Center for Disease Control (CDC)s "ABCs of Safe and Healthy Childcare at www.cdc.gov/ncidod/hip/abc

The Federal Emergency Management Agency at www.fema.gov
The Institute for Business and Home Safety (IBHS) at www.ibhs.org

Utah State Office of Education 250 East 500 South Salt Lake City, Utah 84111 (801) 538-7500

Department of Natural Resources Post Office Box 145610 1594 West North Temple, Suite 3710 Salt Lake City, Utah 84114-5600 (801) 538-7200 Utah Division of Comprehensive Emergency Management Post Office Box 141710 1110 State Office Building Salt Lake City, UT 84114-1710 1-800-Fault (801) 538-3400

SAMPLE FIRE AND DISASTER DRILLS FORM

Fire drills should be held monthly and disaster drills semi-annually.

Fire or	Date	Time	Evacuation	Number	Number	Problems Encountered
Type of Disaster	of Drill	of Drill	Time	of Children	of Adults	
	Dim	Dilli		Cilitaren	riduits	
	<u> </u>	I .	l .		I .	<u>I</u>

SAMPLE CHILD'S HEALTH ASSESSMENT

Today's Date:			Date of Enrollment
Child's Name:			
Please check all that apply and	list	any health	n information needed to care for your child.
Any known allergies: Medications	No	Yes	If yes, please list
Foods Other			
Any chronic illnesses (circle) If yes, please list		No '	Yes
Any disabilities or medical cor			Y V
Hearing Impairment Asthma Visual Impairment Diabetes	Yes	No □ □ □ □ □	Seizures
Any additional health informat	ion 1	not listed a	above:
Any routine medications your	child	l is taking	
Any instructions for your child	l's da	aily care:	
Date of last physical examinati	on:		Date of last dental examination:
Child's Medical Provider:			Child's Dental Provider:
Name			Name:
Address			Address
			_
Phone			Phone
Any instructions for child's em	nerge	ency care:	
	-		
Parent/guardian Signature			Date

SAMPLE CHILD CARE INJURY REPORT FORM

Fill in all blanks and boxes that apply and return Child's Name:	,	ing at the Utah Dept, of Health wi Date of birth: /	thin 5 days.		M()F
Parent/Guardian Name:		Date of offin.		()	MI () I
Name of Child Care Program:					
Parent/Guardian notified by:		Time notified:			a.m./p.m.
Unable to contact parent/guardian:					a.m./p.m.
Injury Date: / /	Iniury Time:	a.m./p.m.		Yes(
Witnesses:	<i></i>	1	()		,
Injury occurred during: □ nap time □ First Aid given at the facility () Yes (□ Treatment provided by a Health Ca Diagnosis: □ Hospitalized, number of days: □ No treatment required by Health Ca □ Parents/guardians deem treatment in) No By Whom: are Professional Name are Professional not necessary	ne:	time		
Number of days of limited activity as Follow up plan:	directed by a Health	Care Professional:			
Location where incident occurred: □ playground □ classroom □ restrous □ dining □ stairway □ wading/swin □ other (specify)		way/parking area unkno			
\1 2/ <u></u>					
Equipment/Products involved: □ climber □ slide □ swing □ play □ hand toy (specify)	ground surface sa				
Contributing Factors: □ run into object or person □ pinch □ insect sting/bite □ animal bite □ cold □ hit with thrown object □ fall □ fall from tripping/slipping	hit or pushed by chil	d □ heat exhaustion □ in		expos	sure to
Type of Surface: □ blacktop □ carpet □ concrete □ □ sand □ linoleum □ tile □ wood		e/snow □ lawn/grass □ m	ats		
Parts of Body Injured: □ eye □ ear □ nose □ mouth □ to □ neck □ arm□ elbow □ wrist/han back□ buttocks □ chest/ribs □ show	d 🗖 finger/thumb 🕻	I foot/ankle \Box toe \Box leg	□ knee 【	⊐ abd	lomen 🗖
Type of Injury: □ cut □ bruise/swelling □ puncture □ crushing injury□ burn □ sun burn □ concussion (possible) □ poison	loss of conscious		owning		
Name of Official/Agency notified:			date	/	/
Signature of Staff Member:			date	/	/

SAMPLE LETTER TO PARENT ABOUT POSSIBLE EXPOSURE

Dear Parent:	
On, a child the attached sheet.	in our class became ill with the communicable disease listed on
child for the signs and symptoms listed or medical attention or treatment may help re	een exposed to this illness, it is necessary for you to watch your a the attached fact sheet. If your child becomes ill, prompt esolve the infection. It may be necessary to keep him/her at your child receives treatment. The fact sheet explains more erns.
In any setting, it is common for some chil	exposure, we are providing the best possible care for your child. dren to become ill with childhood diseases. At times, they are an illness, we are trying to control the spread and prevent new ten healthy and happy.
	igns or symptoms of this illness, please contact a staff member, epartment of Health, Bureau of Epidemiology at (801) 538-6191
S	Sincerely,
Ī	Feacher
Ī	Date

SAMPLE MEDICATION RELEASE AND DOSAGE RECORD FORM

Name of Child:	Age of Child:
Name of Medication:	Expiration Date:
Physician:	
Dates to be Given:	Times to be Given: Dosage:
Illness or Condition Being Treated:	
Possible Side Effects or Drug Interaction	ns:
above instructions. I recognize that the	to administer the above medication according to the staff will not be held liable for any illness or injury medication, and will not be held responsible for alting from such action.
(Signature of Parent or Guardia	an) (Date)

Date	Time	Dosage	Medication	Route of Administration (oral, Topical, etc.)	Administered By	Errors in Administration	Reactions
-				(orai, Topicai, etc.)			

SAMPLE

PERSONNEL HEALTH EVALUATION & INVENTORY

Name	Social Security Number:
Address:	
Phone Number	Job Title
Family Physician:	Phone Number:
Emergency Contact:	Relationship:
Address:	Phone Number:
Do you have any allergies to <i>(circle al</i> A. Latex or vinyl B. Chemicals/	(I that apply): (household products C. Soaps/personal care products
D. Foods E. Pollens/dus	F. Certain types of clothing/gloves
have had. Please include the date(s) of Disease Yes No Yes No Do D	Rubeola (red measles – 7 day) Rubella (German measles – 3 day) Mumps Hepatitis B Chicken Pox Tetanus/Diphtheria Polio Pneumonia Tuberculosis the date of the skin test conversion:
	planning pregnancy, please discuss the occupational risks sure to communicable diseases, exposure to
	prevent you from performing assigned duties with your employer. All information will be kept
	ion is complete and accurate to the best of my knowledge. hysical, mental, or emotional condition, which would be en in my care.
Provider/Staff Signature	Date

SAMPLE SPECIAL CARE PLAN

Fa	cility Name:	
Fa	cility Address	
Ch	ild's Name:	
Da	te of Birth:	Times and Days in Child Care:
1.	Describe the	e child's special need during group care:
2.	Child's pres	ent functional level and skills:
3.		ency or unusual episode might arise while the child is in care? How should the situation be
4.	Accommod	ation which the facility must provide for this child:
	a)	Are there particular instructions for sleeping, toileting, diapering, or feeding?
		Will the child require medication while in care? If so, attach the physician's instructions use of the child's medication.
		Are special emergency and/or medical procedures required? If so, what procedures are juired?
	d)	What special training, if any, must staff have to provide that care?
	e)	Are special materials/equipment needed?
5.	Other specia	alists working with the child (e.g., occupational therapist, physical therapist):
Pri	mary Case M	anager: Phone:
Ad	ldress:	
On	-site child ca	re facility case manager: Phone:

SAMPLE SYMPTOM OR DAILY HEATLH CHECK RECORD

Child's Name:					
Date:			Symptom:		
When symptom bega	n, how long it lasted	d, how severe,	how often?		
Any change in child's	s behavior?				
Child's temperature:	Time tal	ken:	_ (Circle: axillary (arr	mpit), or ear canal)
How much and what	type of food and flu	id did the chil	d take in the past 12 ho	ours?	
Have many and have	h.mi.oo1/n.omm.o1oo.		al magazana ant in the mag	at 12 havena	
How many and now t	typicai/normai was t	arine and bowe	el movement in the pas	st 12 nours?	
Circle or write in other	er symptoms:				
runny nose	sore throat	cough	vomiting	diarrhea	wheezing
trouble breathing	stiff neck	rash	trouble urinating	pain	
itching	trouble sleeping	earache	headache	Stomach ache	
Other symptoms:					
Exposure to medicati	ons, animals, insect	s, soaps, new f	foods:		
			-		
Exposure to other people who were sick; who and what sickness?					
	,				
Child's other problems that might affect this illness: (asthma, anemia, diabetes, allergy, emotional trauma)					
r	2 · 8 ·	(11	,,,	-, <u>.</u> ,	
What has been done s	so far?				
Health provider's advice for this illness:					
Name of person completing this form:					

⁵Childrens Justice Center State Resources & Contacts

Attorney General's Office

Children's Justice Division 236 State Capitol Bldg. Phone: 801-538-1941 Fax: 801-538-1699 Craig L. Barlow, Assistant Attorney General Brenda George, CJC Program Administrator Joan Hellstrom, CJC Development Coordinator Gerri Sheffield, CJC Advisory Board Secretary

Children's Justice Centers

Salt Lake County CJC Avenues	Susanne Mitchell, Director 257 11th Avenue Salt Lake City UT 84103	Phone: (801) 355-0781 Fax: (801) 355-3578
Salt Lake County CJC South Valley Center	8282 South 2200 West West Jordan UT 84088	Phone: (801) 566-3868 Fax: (801) 566-6261
	Don Bell, Advisory Board Chair	Phone: (801) 799-3420
Weber/Morgan County CJC	Anne Freimuth, Director 2408 Van Buren Avenue Ogden UT 84401	Phone: (801) 393-5710 Fax: (801) 393-6128
	Linda Carver, Adv. Board Chair	Phone: (801) 476-7673
Utah County CJC	Laura Blanchard, Director 315 South 100 East Provo UT 84606	Phone: (801) 370-8554 Fax: (801) 370-8518
	John Moody, Advisory Board Chair	Phone: (801) 344-8576
Carbon County CJC	Terry Willis, Director Child Justice & Family Support Cntr. 108 North 300 East Price UT 84501	Phone: (435) 637-0268 Fax: (435) 637-8492
Emery County CJC	495 North 400 West Castle Dale UT 84513	Phone: (435) 381-2351 Fax: No Fax
	Kyle Kulow, Adv. Board Chair	Phone: (435) 636-3251

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⁵ List current as of June 17, 2002

Tooele County CJC	Carolyn Jensen, Director 53 East 100 South Tooele UT 84074	Phone: (435) 843-1161 Fax: (435) 843-0050
	Doug Ahlstrom, Adv. Board Chair	Phone: (435) 882-9125
Washington County CJC	Patricia Sheffield, Director 441 East 500 South St. George UT 84770 Mike Empey, Advisory Board Chair	Phone: (435) 634-1134 Fax: (435) 673-1785
Davis County CJC	Doug Miller, Director 125 South Main St., P. O. Box 618 Farmington UT 84025	Phone: (435) 879-2050 Phone: (801) 451-3560 Fax: (801) 451-3555
	Carol Page, Advisory Board Chair	Phone: (801) 451-3200
Duchesne County CJC	John Gardner, Director 136 Jane Thompson Boulevard Roosevelt UT 84066	Phone: (435) 722-5164 Fax: (435) 722-3918
	Jane Thompson, Advisory Board Chair	Phone: (435) 722-4737
Uintah/Daggett County CJC	John Gardner, Director 84 North 200 West Vernal UT 84078	Phone: (435) 781-0105 Fax: (435) 781-6573
	Ed Peterson, Advisory Board Chair	Phone: (435) 722-6546
Grand County CJC	Katie Watkins, Director 180 South 300 East Moab UT 84532	Phone: (435) 259-3680 Fax: (435) 259-3057
	Donna Metzler, Advisory Board Chair	Phone: (435) 259-5121
Cache County CJC	Bill Burnard, Director 1362 North 400 West Logan UT 84341	Phone: (435) 753-7017 Fax: (435) 753-2170
	Sue Hoffman, Advisory Board Chair	Phone: (435) 752-8880

Wasatch/Summit

County CJC

Cheryl Danni, Director

765 South Main Street, P O Box 524

Heber City UT 84032

Phone: (435) 657-1000

Fax: (435) 654-3963

Mary Noonan, Advisory Board Chair

Phone: (801) 812-5200

Emerging Children's Justice Centers

Sevier County CJC

Heather Ogden

Community Services Mgr., DCFS

201 East 500 North Richfield UT 84701 Phone: (435) 896-1258 Fax: (435) 896-1260

Phone: (435) 586-1938

(435) 865-8322

Fax:

Iron County CJC

Scott Sorensen

Program Coordinator, Univ. of Utah

351 West Center, Centrum 213K

Cedar City, Utah 84720



TWO CHILDREN'S PRODUCTS ARE RECALLED EVERY WEEK . . .

WHAT CAN I DO TO PROTECT THE CHILDREN I CARE FOR FROM DANGEROUS PRODUCTS?

1.	LEARN
AE	OUT THE
PR	OBLEM

Did you know that too often manufacturers do not test their children's products adequately? Did you know the government almost never oversees testing of children's products?

- Read <u>It's No Accident: How Corporations Sell Dangerous Baby Products</u> by E. Marla Felcher (Common Courage Press, 2001).
- Visit <u>www.KidsInDanger.org</u> periodically for updated information.
- Share this lifesaving information with other child care providers and parents: help them learn about the problem with children's product safety.

2. Do A PRODUCT INVENTORY

The only way to be certain that you are not using a recalled product is to check for yourself and to do so periodically.

- Do an inventory of the items used by the children under your supervision.
- Check on most children's products by contacting the U.S. Consumer Product Safety Commission (1-800-638-2772; www.cpsc.gov); for car seats contact the U.S. National Highway Traffic Safety Administration (1-800-424-9393; www.nhtsa.gov); and for foods and medicines contact the U.S. Food and Drug Administration (1-800-332-4010; www.fda.gov).

3. KEEP UP WITH FUTURE RECALLS

A new crib, high chair or infant carrier that you buy today could be recalled tomorrow.

• Receive future news releases by email or FAX. Get on CPSC's list server by sending an email message to: listproc@cpsc.gov and enter: join CPSCINFO-L in the message area. To get news releases by FAX, provide your name and FAX number by faxing a message to the CPSC, their FAX number is: 301-504-0399.

Kids In Danger is a nonprofit organization dedicated to protecting children by improving children's product safety For more information, please contact us at 116 W. Illinois Street, Suite 5E, Chicago, IL 60610-4532

Tel 312 595 0649; Fax 312 595 0939; email@KidsInDanger.org